

Scope of Study

Preparedness for Public Health Emergencies

Background

The events of September 11, 2001, subsequent anthrax cases, and newly emerging infectious diseases, such as West Nile virus, have highlighted the pressures that can be placed upon the public health system to provide a rapid response to protect the health of the nation. Emergency management experts agree state and local health agencies should have the following basic capabilities to be prepared for major public health threats: disease surveillance systems and epidemiologists to detect an outbreak; properly staffed and equipped laboratories, hospitals, and health clinics to detect and respond to an event; health care professionals trained to diagnose and treat a variety of rare diseases; sophisticated communication systems; and plans that describe how state and local officials would coordinate an emergency response.

Independent studies published in 2003 by the U.S. General Accounting Office and the Institute of Medicine revealed deficiencies in the nation's public health infrastructure -- the foundation supporting the planning, delivery, and evaluation of public health activities -- that compromise state and local governments' ability to prepare for and respond to bioterrorism and other public health emergencies. Over the last two years, Connecticut has received over \$32 million from the U.S. Department of Health and Human Services' Centers for Disease Control and Health Resources and Services Administration to strengthen state and local government bioterrorism preparedness. Both federal agencies require the state, through cooperative agreements, to complete specific activities and meet certain benchmarks designed to enhance public health care capacities. While recent federal funding is aimed at preparing for and responding to a bioterrorist incident, the improvements also reinforce the state's ability to respond to other major public health threats.

In Connecticut, legislation passed in the last session (P.A.03-236) strengthened the authority of the governor, public health commissioner, and local health directors to respond to public health emergencies. It also established a Public Health Preparedness Advisory Committee to develop, with the commissioner of the Department of Public Health (DPH), a plan to respond to public health emergencies. The committee consists of the commissioner; the six top legislative leaders; the chairs and ranking members of the public health, public safety, and judiciary committees; the Office of Emergency Management director; representatives of local and district health directors; and any other organizations or individuals the commissioner considers relevant to the effort.

Area of Focus

The study will examine the status of the state's preparedness program for public health emergencies. Specifically, it will evaluate recent assessment and planning activities related to improving the public health infrastructure to prepare for and respond to acts of bioterrorism, infectious disease outbreaks, and other similar serious public health threats.

Areas of Analysis

1. Identify state and federal requirements related to public health preparedness and response capabilities
2. Review and evaluate current state efforts to:
 - a. Conduct public health preparedness assessments, create a comprehensive public health emergency preparedness and response plan (including coordinating preparedness planning and response activities with neighboring states), and identify the plan's relationship to the state's emergency operations plan
 - b. Develop an adequate infectious disease surveillance capability that promotes timely reporting of suspicious symptoms or diseases by health providers and laboratories
 - c. Ensure appropriate laboratory capacity to identify suspected biological, chemical, and radiological agents
 - d. Ensure appropriate hospital capacity in the areas of planning, training, equipment, facilities, inventory, and staff
 - e. Develop an effective public health communication system for the multiple and varied participants involved in the identification of threats and those providing a response to such threats as well as the general public
 - f. Ensure the identification of training needs and the provision of appropriate education and training for public health professionals
3. Identify roles and responsibilities of DPH, other state agencies, local governments (including Emergency Medical Services), and other public health entities (e.g., hospitals, clinics, health care professionals, Centers for Disease Control) related to preparedness and response to public health threats and assess coordination efforts among those organizations
4. Identify trends in federal and state funding dedicated to preparedness and the distribution of state funds to local health agencies and other providers in the system
5. Examine and compare preparedness practices in other states and emergency management models

NOTE

The state's overall emergency preparedness organization and planning processes will be considered to the extent they impact public health preparedness. As the overall organization and operation of the state's emergency management and homeland security functions may be subject to restructuring, any issues that are identified in this area will be considered within the context of any such reorganization and recommended for possible further study.